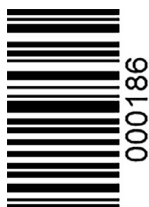




SIGNATURE APPLICATION FORM



Before you give us your personal information please note that Irish Life has a Data Privacy Notice. This explains what your data protection rights are and how and why we use your personal information. This is always available on our website at www.irishlife.ie or you can ask us for a copy.

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.

If any item is blank or illegible, this will cause a delay in processing your application.

Financial Adviser Details

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Financial Adviser Name | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Financial Adviser Details | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Financial Adviser Code | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Profile | | | | | | | | | | | | | | | | | | | | | | | | | | |

Product Selection

Please tick which product you require:

Signature Bond ☐ Or Signature Bond 2 ☐

If your Financial Broker or Adviser submits your application electronically Irish Life will only receive a copy of the Declarations section of this form. The original application form will be retained by your Financial Broker of Adviser and not checked by Irish Life.

1. Plan Owner Details (as applicable)

1(a). Personal Plan Owner 1

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|---|--|--|--|---|--|--|--|--|---|--|--|--|--|-------------------|--|--|--|---------|--|--|--|--|--|--|--|
| Title (Mr/Mrs/Ms etc) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | | | Initial | | | | | | | |
| Last Name | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | | / | | | | | / | | | | | Age Next Birthday | | | | | | | | | | | |
| Gender | Male <input type="radio"/> Female <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country of Birth | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nationality | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Precise Occupation | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PPS Number | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address 1* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Number | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile Number | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address | | | | | | | | | | | | | | | | | | | | | | | | | | |

**If you choose to receive plan communications by paper post, the address of the 1st plan owner will be used for this purpose.*

We are obliged to establish your Nationality to comply with Anti Money Laundering requirements

PPS number should contain 7 digits and 1 or 2 letters

Please note that mobile number AND email address MUST be provided if you wish to receive online communications.

1(b). Personal Plan Owner 2

Title (Mr/Mrs/Ms etc)

First Name

Initial

Last Name

Date of Birth

Age Next Birthday

Gender

Male ☐Female ☐

Country of Birth

Nationality

Precise Occupation

PPS Number

Address 1

Address 2

Address 3

County

Home Number

Mobile Number

Email Address

We are obliged to establish your Nationality to comply with Anti Money Laundering requirements

PPS number should contain 7 digits and 1 or 2 letters

Please note that mobile number AND email address MUST be provided if you wish to receive online communications.

1(c). Controlling Interest - Personal Plan Owner

Are you taking out this plan on your own behalf?

Yes ☐No ☐

If not, please fill in the following details:

Name of other party

Relationship or connection to you

Please also answer relevant Foreign Tax Residency questions in Section 3.

1(d). Irish Life Trust

Is this plan issued in Trust with Irish Life?

Yes ☐No ☐

If yes, has the appropriate Irish Life Trust form been completed?

Yes ☐No ☐

If yes, please provide the following details:

Date of Deed

Title of Appointer (Mr/Mrs/Ms etc)

First Name of Appointer

Last Name of Appointer

Address 1

Address 2

Address 3

County

Contact Number

Please also answer relevant Foreign Tax Residency questions in Section 3.

1(e). Company Plan Owner

Registered Name

Trading Name (if any)

What Type of Company/Entity is this

Tax Number

Address 1

Address 2

Address 3

County

Contact Number

Email Address

[illegible]

Yes ☐ No ☐

| | |
|-------------------------------------|---|
| Type of Owner | |
| Plan Owner Name | |
| Tax Number | - |
| Address 1 | |
| Address 2 | |
| Address 3 | |
| County | |
| Contact Number | |
| Email Address | |
| Trustee/Authorised Signatory Names: | |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|----------------------|-----------------------|----------------------|-----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|-------------------|----------------------|----------------------|--|--|---------|----------------------|--|--|--|--|--|--|--|--|
| Title (Mr/Mrs/Ms etc) | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| First Name | <input type="text"/> | | | | | | | | | | | | | | | Initial | <input type="text"/> | | | | | | | | |
| Last Name | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Age Next Birthday | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | |
| Gender | Male | <input type="radio"/> | Female | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | |
| Address 1 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Address 2 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Address 3 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| County | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|----------------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|-------------------|----------------------|------------------------------|--|--|--|------------------------------|--|--|--|--|--|--|--|
| Title (Mr/Mrs/Ms etc) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | |
| First Name | <input type="text"/> | | | | | | | | | | | | | | | | Initial <input type="text"/> | | | | | | | |
| Last Name | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Age Next Birthday | <input type="text"/> | <input type="text"/> | | | | | | | | | | | |
| Gender | Male <input type="radio"/> | | | | | | | | | | | | Female <input type="radio"/> | | | | | | | | | | | |
| Address 1 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Address 2 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Address 3 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| County | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |

3. Foreign Tax Residency

For Individual Plan Owners, Trustees, Beneficiaries, Appointors or Settlers

Are you resident in the U.S. for tax purposes or are you a U.S. citizen? Yes ☐ No ☐

Are any of the plan owners, trustees or beneficiaries resident for tax purposes anywhere other than the Republic of Ireland or the U.S.? Yes ☐ No ☐

If yes to either of above question then please provide details in section 3(a)

For Entities or Trusts (where sections 1(d), 1(e) or 1(f) have been completed)

What type of company is this?

If Yes please provide GIIN Number in section 3(a)

1) Financial Institution (including a professionally managed trust) Yes ☐ No ☐

2) Registered Irish Pension Fund Yes ☐ No ☐

If Yes please provide Revenue Charity Tax Exemption number in section 3(a)

3) Registered Irish Charity Yes ☐ No ☐

If you have answered Yes to any of above then please complete section 3(a)

4) Actively Trading Company - Non financial institution Yes ☐ No ☐

5) Non Trading Investment Body Yes ☐ No ☐

If you have answered Yes to either of above then please complete the relevant Tax Status Declaration Form

3(a). Foreign Tax Resident Details (if applicable)

Please list the person's details and the country or countries in which they are resident for tax purposes, together with any tax identification numbers ('TIN') if relevant.

For an entity, insert company name and details.

Insert country of incorporation of the entity in brackets where different from country of tax residency.

Please complete a Foreign Tax Residency Supplementary form for any additional tax residencies.

| Name | Plan Relationship | Country of Birth | Country of Tax Residency /Incorporation | Tax Identification Number \ GIIN \ Charity Tax Number |
|------|-------------------|------------------|---|---|
| | | | | |
| | | | | |
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| | | | | |

Financial Institutions in Ireland are required under legislation to seek answers to questions or purposes of identifying accounts, the details of which are reportable to Irish Revenue for onward transmission to tax authorities in other jurisdictions.

The legislation incorporates the U.S. Foreign Account Tax Compliance Act (FATCA) and the organisation for Economic Cooperation and Development (OECD) Common Reporting Standard (CRS).

Please note that we reserve the right to request additional information or documentary evidence to support your declaration

Any acceptance and investment of your premium may be delayed should we have reason to doubt any of the information provided above.

Should any information provided change in the future, please ensure you advise us of the changes promptly.

If you require further information on the Common Reporting Standard please refer to the AEOI (Automatic Exchange of Information) webpage on Revenue.ie

Only fill in the following if you want an automatic withdrawal

4. Automatic Regular Withdrawal

You can take a regular withdrawal every month, three months, six months or 12 months. You may take a gross withdrawal (before tax) of between 4% and 8% each year. There is a maximum of 4% withdrawal each year before tax on the UK Property Funds and Irish Property Funds. If the fund grows, on average, at a lower rate, it may reduce your original investment. The smallest amount of withdrawal you can take is €150 every payment.

Amount € each year or

% each year

Withdrawal paid every Months

Please say which bank or building society you want us to pay the withdrawal to. I give you permission to pay each instalment of withdrawal, as it becomes due, to the following bank or building society.

Customer (Debtor) Name

Customer (Debtor) Bank Identifier Code (BIC)

IBAN

We can only pay regular withdrawals into your personal bank account

5. Source of Funds

Personal cheque from proposer(s) bank account ☐ 3rd Party Cheque ☐ Bank Draft ☐

Please give details of account drawn from (If bank draft, fill in details of your personal bank account from which the draft is drawn)

Customer (Debtor) Name

Customer (Debtor) Bank Identifier Code (BIC)

IBAN

Or

Proceeds of an existing Irish Life or Progressive Life or Canada Life Plan ☐

Existing plan number

Bank drafts may not be drawn from a 3rd party account or from cash

6. Source of Wealth

Please tick the relevant box(es) and indicate the source of your investment amount.

1. Salary, bonus or regular savings ☐
2. Early retirement or redundancy payment ☐
3. Proceeds from the sale of investments or other assets ☐
4. Proceeds from the maturity/encashment of Irish Life plan ☐
5. Proceeds from the maturity/encashment of a plan with another life assurance company ☐
6. Inheritance ☐
7. Windfall/compensation payments ☐
8. Other (give details)

7. Fund Details

The current government levy on life assurance products is 1%. We will pay this out of the money received from you

Amount to invest

€

Funds

Multi Asset Portfolio Fund 2

%

Multi Asset Portfolio Fund 3

%

Multi Asset Portfolio Fund 4

%

Multi Asset Portfolio Fund 5

%

Multi Asset Portfolio Fund 6

%

Strategic Asset Return Fund

%

Other Funds

If other funds please give details

The risk level and volatility rating of a fund can change from time to time. Please visit our website www.irishlife.ie to see the most up-to-date fund information.

%

%

%

%

%

%

8. Fund Switch Authority

If your plan is jointly owned, please tick this box to allow either owner the authority to switch funds ☐

Please refer to relevant Fund Guide for the full range of funds available on this plan.

9. Your Plan Communications

How would you like to receive your planned communications from us? (Welcome packs, letters and regular statements)

Please tick one option:

Online ☐

By paper post ☐

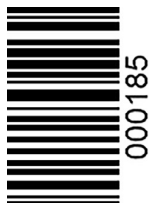
Your plan communication will be securely stored in your personal online account at www.irishlife.ie

You will be notified by text and email when communications are added to your account (using the contact details provided under section 1).

If you do not choose an option we will assume you want to receive communications by paper post which will be sent to the first Plan Owner's address.



We need this information
to match the declaration
section to your electronic
application

**Proposal Number:**

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Customer Review Number

[illegible]

Plan Owner 1

[illegible]

Plan Owner 2

[illegible]

Financial Adviser Name

[illegible]

If you submit this proposal electronically you should only send us this section.

Any words in the singular also mean the plural as applicable (e.g. "I" means "we" and "my" means "our" etc.)

A. Declaration under regulation 6(3) of the Life Assurance (Provision of Information) Regulations 2001

WARNING

If you propose to take out this plan in complete or partial replacement of an existing plan, please take special care to satisfy yourself that this plan meets your needs. In particular, please make sure you are aware of the financial consequences of replacing your existing plan. If you are in doubt about this, please contact your insurer or insurance adviser.

Please complete this section by ticking the appropriate box:

- Yes, this plan is replacing an Irish Life plan

C

Yes, this plan is replacing a plan from another life company

C

No, this plan is not replacing another plan

C

Existing Plan Number

Declaration of Insurer / Financial Adviser:

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001

(Customer name and address)

has been provided with the information specified in Schedule 1 (Customer Information Notice) to those Regulations and that I have advised the customer as to the financial consequences of replacing an existing plan with this plan by cancellation or reduction, and of possible financial loss as a result of such replacement.

Please sign and date

Signature of Financial Adviser

X

Date

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Declaration of Customer:

I confirm that I have received in writing the information specified in the above declaration.

- Plan Owner 1

X _____

Date _____

| | |
|--|--|
| | |
|--|--|

 /

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|--|--|

 /

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Plan Owner 2

X

Date _____

/

/

B. Plan Declaration

I acknowledge and understand that my investment will not begin until Irish Life Assurance plc has received and accepted a fully completed application form (online or otherwise), any other documentation or information requested and the first plan payment. Where I have completed my application online, I acknowledge that a copy of my application will be sent to me and agree to notify Irish Life, in writing, if:

- I do not receive the printed record
- Any information in this record is, false, incorrect or incomplete

I understand that this declaration together with the other declarations I have given in this application is my application and will form the basis of any contract accepted by Irish Life Assurance plc. I understand and agree that my contract with Irish Life Assurance plc will be based on:

- The declarations in this application
- All personal details given by me, and which will be recorded on my Plan Schedule
- The plan terms and conditions
- Payment of the agreed premium(s)

If I have answered 'no' to the FATCA questions in this application then by signing this form I confirm that there are no US citizens or residents in the US for tax purposes connected with this plan.

I certify that I have provided details of all of the countries in which I or other persons identified are resident for tax purposes along with the relevant Tax Identification Numbers. I acknowledge that the information contained in this form and other information that I may be required to submit to Irish Life may be provided to Revenue and that Revenue may exchange this information with the Tax Authorities in other countries in which I or other persons identified may be tax resident in.

I undertake to advise Irish Life of any change in circumstances that affect my tax residency or that of the other persons identified or causes the information herein to become incorrect and to provide Irish Life with a suitably updated self-certification and Declaration of such change of circumstances.

- I confirm I have received the plan booklet.
- I confirm that I received the relevant Key Information Document(s) in good time before I made my investment decision.
- I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this.



SIGN HERE

Please note that if you are signing on behalf of a company you should precede your signature with "for and on behalf of 'company name'..."

| | | | |
|--------------|---------------------------------|------|--|
| Plan Owner 1 | <input checked="" type="text"/> | Date | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Plan Owner 2 | <input checked="" type="text"/> | Date | <input type="text"/> / <input type="text"/> / <input type="text"/> |

Life Assured Signature (if different to Plan Owners)

| | | | |
|----------------|---------------------------------|------|--|
| Life Assured 1 | <input checked="" type="text"/> | Date | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Life Assured 2 | <input checked="" type="text"/> | Date | <input type="text"/> / <input type="text"/> / <input type="text"/> |

C. Optional Consent

Consent to Sharing with Other Companies in the Irish Life Group

I agree to Irish Life Assurance sharing my personal information (excluding my personal health information) with other companies within the Irish Life Group, such as Irish Life Health. I understand this is to assist in developing combined customer services (for example, access to services from different Group companies on one online platform). This is an area that will continue to improve with a view to adding new customer engagement offerings.

You can change your mind at any time and opt-out of any further sharing by emailing dataprotectionqueries@irishlife.ie or writing to Irish Life Data Protection Team. If you opt-out we will keep a record of your instruction to opt-out.

| | | |
|--------------|-------------------------------|-------------------------------------|
| Plan Owner 1 | I agree <input type="radio"/> | I don't agree <input type="radio"/> |
| Plan Owner 2 | I agree <input type="radio"/> | I don't agree <input type="radio"/> |

If different to Plan Owner

| | | |
|----------------|-------------------------------|-------------------------------------|
| Life Assured 1 | I agree <input type="radio"/> | I don't agree <input type="radio"/> |
| Life Assured 2 | I agree <input type="radio"/> | I don't agree <input type="radio"/> |

